(Requestor's Name)				
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(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:D	UCHED TO THE OPENING THE OPENI	TE NAME - MUST INCLUI	DE SUFFIX)
			
			•
Enclosed is an original a	nd one (1) copy of the Ar	ticles of Incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
•	,	ADDITIONAL COPY REQUIRED	

DM: Erica Harris
Name (Printed or typed)

98 Deerfield Lane
Address

Monticello II, 32344
City, State & Zip

850 843-1035
Daytime Telephone number

Lamiser and 390 gar au · Con
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)



The name of	the corporation shall be: TDUCHED	Inc.	13 AUG 14 PM 2: 06
ARTICLE	Principal street address: 530 Metropolitan Blvol allahassæ Fl. 32308	Mailing addres	SECRETZEL OF STATE TALLAHASSEE, FLORIDA s, if different is:
ARTICLE The purpose	III PURPOSE for which the corporation is organized is: TO INSI	incthe mir	vs of young
ARTICLE			and appointed: BLJWILS
Name and T Address			<u>e C.E.O</u> -president
Name and T Address	Talainsee Fl. 32305	Title: DONOGO	president
Name and T Address	Bernice Harns Name and 90 Deorfield Yane Address: Montacello Fl. 3234	Title: VICE-PI	resident

APPLICATELL PALED

1 . 1 lucava a lamas	Alou' - o	FILELI			
Name and Title: LUNYICKO UDNES	Name and Title: Chairman	13 AUG 4 PM 2: 06			
Address 495 Stolfer Rol. Api 621	Address:				
Talminister 32305		SECRETARIA DE STATE			
		TALLAHASSEE, FLORIDA			
Name and Title:	Name and Title:				
Address	Address:	•			
					
					
·		<u> </u>			
ARTICLE VI REGISTERED AGENT					
The name and Florida street address (P.O. Box NOT acce	ptable) of the registered agent is:				
Name: EVICO HOVVIS	· · · · ·				
Address: 98 Deerfield Ann	0				
Montrello Ft. 322	14				
Whiteen The	<u> </u>				
ARTICLE VII INCORPORATOR					
The name and address of the Incorporator is:					
Name: Encathins					
98 Doorfard from	<u></u>				
Address: 18 12111111 701	<u>0 </u>				
MUMICUID H. 30	DA .				
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment a					
Dread la Co	hai	11/12			
Required Signature of Registered	UNI UNI	14(1)			
	•	Date.			
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
& Dica Have	T)Q	2114/12			
Required Signature of Incor	rporator	Date			
• -					